



City Clerk's Office  
300 W. Ash, Rm. 206  
P.O. Box 736  
Salina, KS 67402-0736  
(785) 309-5735

For office use only:  
Licensing Year: \_\_\_\_\_  
License No: \_\_\_\_\_  
NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

## APPLICATION FOR BAIL BONDING AGENT

Name of Licensee: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Employer (Bail Bond Company): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you had any criminal convictions, including traffic infractions, within five (5) years of this application date?  
If yes, when, where and for what offenses.

Yes ☐ No ☐

DATE	WHERE	OFFENSE

List any criminal conviction for which you are currently on diversion, probation or parole:

DATE	WHERE	OFFENSE

List any pending criminal charges including traffic infractions:

DATE	COURT	OFFENSE

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Bail Bond Company Information:**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby verify that the above named person is applying for a bail bond agent license for employment with the company listed above.

Date \_\_\_\_\_ Company Owner/Representative \_\_\_\_\_

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\$36.00 Paid by Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by: \_\_\_\_\_

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The above individual was fingerprinted by the Salina Police Department on \_\_\_\_\_, 20\_\_\_\_, and forwarded to the United States Department of Justice.

The Police Department is recommending the foregoing application be (approved/disapproved).

Date \_\_\_\_\_

Police Department

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The City Prosecutor is recommending the foregoing application be (approved/disapproved).

Date \_\_\_\_\_

City Prosecutor

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The foregoing application is (approved/disapproved) by the City Clerk.

Date \_\_\_\_\_

City Clerk

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